

# The VacScene

## Immunization News & Information

Volume 18, Issue 12

December 2012

PRSR STD  
U.S. Postage  
PAID  
Seattle, WA

Permit No. 1775

## Public Health

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### Update on influenza activity

- Influenza activity is picking up locally. Nationally, flu activity began in the south and central US about a month earlier than usual, making this the earliest US flu season since 2003-04.
- So far the H3N2 strain is the predominant strain. Historically, in years when H3N2 predominates we tend to see more illness because H3N2 causes higher morbidity and mortality than H1N1 strains.
- The vaccine is a good match for the flu strains that are circulating to-date.
- We have not yet experienced the peak of flu season, nor do we know when it will occur, so now is an excellent time to get vaccinated.
- King County publishes a weekly update of influenza activity in King County, available online at [www.kingcounty.gov/healthservices/health/communicable/immunization/fluactivity.asp](http://www.kingcounty.gov/healthservices/health/communicable/immunization/fluactivity.asp).
- A November 2012 position paper from the World Health Organization Strategic Advisory Group of Experts in Immunization ranks pregnant women as the highest priority group for influenza vaccine. The position paper is available online at [www.who.int/immunization/newsroom/newsstory\\_seasonal\\_influenza\\_vaccination\\_pregnancy/en](http://www.who.int/immunization/newsroom/newsstory_seasonal_influenza_vaccination_pregnancy/en).
- Prompt treatment of suspected influenza is important for high-risk persons. For current antiviral treatment recommendations, see [www.cdc.gov/flu/professionals/antivirals/index.htm](http://www.cdc.gov/flu/professionals/antivirals/index.htm).

### Tdap vaccine recommended for every pregnancy

On October 24, 2012, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted to **recommend Tdap vaccine for pregnant women with every pregnancy, regardless of previous Tdap history**. According to the provisional recommendations ([www.cdc.gov/vaccines/recs/provisional/downloads/Tdap-pregnant-Oct-2012.pdf](http://www.cdc.gov/vaccines/recs/provisional/downloads/Tdap-pregnant-Oct-2012.pdf)):

- Providers of prenatal care should implement a Tdap immunization program for all pregnant women. Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap.
- **Optimal timing for Tdap administration is between 27 and 36 weeks gestation, in order to maximize the maternal antibody response and passive antibody transfer to the infant.**
- For women *not previously vaccinated with Tdap*, if Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum.

### Updated CDC Storage and Handling Toolkit

CDC has revised and updated its "Vaccine Storage and Handling Toolkit" ([www.cdc.gov/vaccines/recs/storage/toolkit/default.htm](http://www.cdc.gov/vaccines/recs/storage/toolkit/default.htm)), a comprehensive resource for providers on *vaccine storage and handling recommendations and best practice strategies*. The toolkit provides information to help select the appropriate storage units and thermometers for your practice, strategies for maintaining the cold chain, routine storage and handling practices, inventory management, and emergency procedures for protecting vaccine inventories.

The "Vaccine Storage and Handling Guide," revised in December 2011, provides detailed information on *storage and handling recommendations and guidance for individual vaccines*. You can bookmark this 77-page guide for easy online reference ([www.cdc.gov/vaccines/recs/storage/guide/default.htm](http://www.cdc.gov/vaccines/recs/storage/guide/default.htm)), or print a copy for reference.

A brief one-page summary of vaccine and diluent storage requirements is available at [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/C/vax-storage-temps.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/C/vax-storage-temps.pdf).

Note that, in the past, providers were encouraged to use bins, baskets, or some other type of uncovered containers with slotted sides or openings to store vaccines. Recent studies conducted by the National Institute of Standards and Technology (NIST) demonstrated that **uncovered bins with solid sides can be used to store vaccines**.

CDC has developed a module on "Vaccine Storage and Handling", as part of its interactive, web-based training series, "You Call the Shots." The new module provides learning opportunities related to proper storage and handling of vaccines, self-test practice questions, reference and resource materials, and an extensive glossary. Continuing education credit or a certificate of completion is available. We encourage any and all staff in your practice who handle vaccines to review the "Vaccine Storage and Handling" module at [www.cdc.gov/vaccines/ed/youcalltheshots.htm](http://www.cdc.gov/vaccines/ed/youcalltheshots.htm).



# Vaccines For Children

## Program News and Alerts

### A Brief Tutorial About Thermometers

1. Even if you don't have a thermometer that measures and tracks temperature 24 hours a day, you can **use the Minimum/Maximum ("min/max") feature on your thermometer** to monitor and record refrigerator and freezer temperatures overnight or over a weekend. Here's how:
  - Find the "MIN/MAX" button in the upper right corner of the thermometer face.
  - Press and hold the button down for two beeps. This clears the memory and re-sets the Min/Max monitoring period to begin now.
  - When you return to the clinic the next morning or after a weekend:
    - Press the button once to see the maximum temperature reached since the re-set.
    - Press it a second time to see the minimum temperature reached.
    - If you find an out-of-range temperature, call Public Health (206-296-4774).
    - Go back to step one to clear the memory again and monitor another overnight or weekend period.
    - Record the weekend temperature range (from the min/max monitoring) on your refrigerator log in the space provided for the weekend days. *(Our thanks to Auky Van Beek, ARNP, at Madison Wellness Clinic for this excellent suggestion.)*
2. We recommend that you **use lithium batteries** in your thermometers instead of alkaline batteries. Lithium batteries simply stop working when they lose power, while alkaline batteries will slowly fade away and give you crazy, inaccurate readings as they weaken.
3. **Keep temperature logs for at least three years.** As the refrigerator ages, you can track recurring problems. If temperatures have been documented out of range, you can determine how long this has been happening and take appropriate action.

### Reminder about State law on mercury limits for 2012-13 seasonal flu vaccine

Washington state law limits the amount of mercury that can be in vaccines for pregnant women and children under three. In June, Secretary of Health Mary Selecky extended the temporary suspension of Washington's limit on the amount of mercury (thimerosal) in influenza vaccine. The suspension specifically allows pregnant women and children younger than three years old who have or may be at risk of a latex allergy to receive influenza vaccine from multi-dose vials. If a health care provider is concerned about patients in these groups having an allergic reaction to latex, this suspension allows providers and patients the opportunity to use flu vaccine in multi-dose vials. The extended suspension applies only to 2012-2013 seasonal influenza vaccine, and it expires on June 30, 2013. Pregnant women and children under three are at high risk for serious complications if they get the flu.

#### Notification requirements

When the mercury limits are suspended, the law requires that certain groups be told they are getting a vaccine containing more mercury than is usually permitted. This notification requirement applies to pregnant or lactating women and parents or guardians of children under the age of 3 years getting the vaccine. There is no single notification method required; the Department of Health has developed a sample notification form to help you with this. This and other related documents are available online at: [www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/FluVaccineMercurySuspension.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/FluVaccineMercurySuspension.aspx).

### Did you know...these recommendations for hepatitis B vaccine?

#### • **Hepatitis B vaccine for patients with diabetes**

The 2011 CDC recommendations to administer hepatitis B vaccine to diabetics younger than age 60 years pertain to those with type-1 and type-2 diabetes. The recommendations do not apply to women with gestational diabetes. It is worth noting that pregnancy is not a contraindication to hepatitis B vaccination, and that women with gestational diabetes are more likely to develop type-1 or type-2 diabetes later in life. Diabetic women who become pregnant can be vaccinated, if indicated. For more information, see pages 1709-11 of the CDC recommendations, "Use of Hepatitis B Vaccination for Adults with Diabetes Mellitus" ([www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm)).

#### • **Testing health care personnel (HCP) for immunity after hepatitis B vaccination**

All HCP with risk of exposure to hepatitis B should be tested 1-2 months after receiving the third dose of hepatitis B vaccine. CDC does not recommend testing health care personnel who were not tested within the

1-2 month post-vaccination time frame. HCP who are exposed can be tested as part of post-exposure management, if indicated. For more information, see "Hepatitis B and Healthcare Personnel" at [www.immunize.org/catg.d/p2109.pdf](http://www.immunize.org/catg.d/p2109.pdf).

### Reminder about Vaccines and Diluents

- Be sure to reconstitute vaccine only with the specific diluent for that vaccine. The only exceptions are MMR, VZ, MMRV and zoster vaccines, which have an interchangeable diluent.
- If you use the wrong diluent to reconstitute a vaccine, you must repeat the dose with the correctly reconstituted vaccine.
- **There is no minimum interval between the first and the repeated dose of an inactivated vaccine;** the correction can be made at the same visit, if the error is discovered while the patient is still at the clinic, or at any time after the visit. However, if the error was made with a live-virus vaccine (MMR, varicella, MMRV, or shingles vaccine), wait at least 4 weeks between the doses.

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